given by the Company and has terminated the licence. Recovery action has also been initiated by the AAI under the Public Premises (Eviction of Unauthorised Occupants) Act, 1971.

(d) It is for the private airlines, including East West Airlines to take steps to overcome their financial and management problems.

Proposal for use of accumulated rule funds

1954. DR. JAGANNATH MISHRA: Will the Minister of FINANCE be pleased to state:

(a) whether the Russian Vice Prime Minister during his recent visit to India had proposed the use of the Rupee Funds accumulated in its account for reinvestment in India and if so, the details of the proposal and area in which the proposed funds are to be utilised; and

(b) whether he has also invited Indian banks and other business organisations to set up their branches in Russia and if so, what is the reaction of Government of India in regard thereto?

THE MINISTER OF FINANCE (SHRI P. CHIDAMBARAM): (a) There is an in-principle understanding between India and Russia that a part of Rupee repayment funds owed by India to Russia can be used for Russian investment in joint ventures in India. However, a policy framework in this regard remains to be finalised. In his discussions in the Finance Ministry on October 29, 1996 the Russian Deputy Prime Minister, Mr. Oleg Day-oov, expressed Russia's interest in early progress in this area. It was agreed that detailed discussions in this regard would be held between the two sides at the next session of the Indo Russia Joint Commission.

(b) The Russian Deputy Prime Minister emphasised the importance of setting up branches of Indian Banks in Russia so as to promote bilateral economic cooperation. Some Indian Banks are understood to be examing commencement of operations in Russia.

Medical facilities to the SC/ST/OBCs in remote Rural Areas

1955. DR. B.B. DUTTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken by Government to provide medical facilities to the Scheduled Castes/Scheduled Tribes and Backward Class people living in the remote rural areas; and

(b) the number of Primary/Health Centre, sub-Cantre and Community Health Centre running in Meghalaya?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) In the rural areas, medical services are provided through a network of health centres. Trie population norms for the establishment of these centres are as under:

	Hilly/Tribal Areas	Plain Areas
Sub Centres	3000	5000
Primary Health Centres	20000	30000
Community Health Centres	80000	120000

These Centres are established and maintained by the States under the State sector Minimum Needs Programme.

The States have been advised to set up at least 15% of the sub-centres in Scheduled Caste basties or villages having 20% or more scheduled caste population. The State Governments have also been advised to give additional relaxation for setting up of Sub Centres/Primary Health Centres in the case of scheduled caste basties which are 5 KMs away from the available Health and Family Welfare delivery points. A sub-centre should not be located more than 2 or 3 hours travel time from a tribal habitation.